MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13 1

CERTIFICATE OF DEATH (3)

03967

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 321 E. Church (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Baby Girl Eddison

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female | 5. Color or race Col. | 6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1939

8. **AGE:** Years | Months | Days | If less than one day ____ hr. 0 min.

9. Birthplace Frederick, Co. Maryland (Town, county, and state)

10. Usual occupation Recn. home.

11. Industry or business

FATHER 12. Name Charles Henry Stanton

FATHER 13. Birthplace Frederick, Maryland

MOTHER 14. Maiden Name Mary Catherine Eddison

MOTHER 15. Birthplace Frederick, Maryland

16 (a) Informant Miss Adelsberger, Emergency

(b) Address Hospital, Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 29 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Cemetery

Location Mountain

18 (a) Funeral director Suit Frank

(b) Address Mountain; Frederick, Rural

19 (a) 29-Apr 39 (Date rec'd by registrar) (b) J. M. Leuck Registrar

MEDICAL CERTIFICATION

20. Date of death April 28 1939, at 11 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 28 1939, to Apr 28 1939, and that I last saw ~~him alive~~ Still born on Apr 26 1939.

Immediate cause of death	Duration
Five months foetus	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** B. B. Thomas M. D. or other

Address Frederick, Md Date signed 4/29/39

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (152) Reg. Dist. No. 144

CERTIFICATE OF DEATH

03968

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Thurmont (If outside city or town limits, write RURAL and give town)

(d) Street No. Carroll Extended (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Catherine Addison

3 (b) If veteran, name war ✓ | 3 (c) Social Security No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~: Charles W. Addison

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1870

8. AGE: Years 68 | Months 6 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Thurmont Fredk Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housework

FATHER 12. Name Simon Wilhide

13. Birthplace Maryland

MOTHER 14. Maiden Name Catherine Willard

15. Birthplace Maryland

16 (a) Informant Charles W. Addison

(b) Address Thurmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10 1939 (month) (day) (year)

(c) Cemetery or crematory U.B. Cemetery

Location Thurmont

18 (a) Funeral director Wilhide & Creager

(b) Address Thurmont

19 (a) April 9, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death April 8th 1939, at 2-45 A M

21. I certify that death occurred on the date above stated, that I attended deceased from April 7 1939, to April 8 1939, and that I last saw him alive on April 7 1939.

	Duration
Immediate cause of death Pneumonia	4 days
Due to Following pneumonia	
Due to Lobar Pneumonia	10 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W.R. Castle M.D. (M. D. or other)

Address Emmitsburg Md Date signed 4/8/39

RECEIVED
MAY 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

03969

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 414 N. Bentz St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 22yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 N. Bentz St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Franklin Tobias Bachman

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Sarah Lamperd

6. (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): May 25, 1875

8. AGE: Years: 63 Months: 11 Days: 4 If less than one day: ____ hr. ____ min.

9. Birthplace: Carroll County, Maryland (Town, county, and state)

10. Usual occupation: Patrolman

11. Industry or business: Potomac & Edison Co.

FATHER
12. Name: John Bachman
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary Ellen Bankard
15. Birthplace: Maryland

16 (a) Informant: Mrs. F. T. Bachman
(b) Address: 414 N. Bentz St., Fredk, Md.

17 (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof 5/1/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Marys Lutheran Cemetery
Location: Silver Run, Maryland

18 (a) Funeral director: M. R. Etchison & Son
(b) Address: Frederick, Maryland

19 (a) 29-Apr-39 (Date rec'd by registrar) (b) Ira Z. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 29th 19 39 at 1:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15th 1939, to Apr 29th 1939, and that I last saw him alive on Apr 28th 1939.

Immediate cause of death	Duration
Nephritic Carcinomata	2
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W G Bourne M. D. or other

Address Frederick, Md. Date signed

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (3)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

03910

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or town~~ Rural - Route 5 Frederick

(If outside city or town limits, write RURAL and give town)

(d) Street No. US #40 R.F.D. 5

(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Baby Girl Bere

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: W

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April - 14 - 1939

8. **AGE:** Years: 0 Months: 0 Days: 0 If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Edgar G. Bere

13. Birthplace near Myersville Md.

MOTHER 14. Maiden Name Elizabeth Taylor

15. Birthplace Penna

16 (a) Informant E. G. Bere

(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 4 14 39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Frederick Memorial

Location Frederick Md.

18 (a) Funeral director C. E. Classon & Son

(b) Address Frederick Md.

19 (a) 14-4-39 (Date rec'd by registrar) (b) Dra J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 14 - 4 1939, at 5:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 14-4-1939, to 14-4-1939, and that I last saw ~~him~~ her alive on ____ 19____.

Immediate cause of death Still Born — Duration 14-4-39

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. U. F. Bourne Jr. M. D. or other

Address Frederick, Md. Date signed 4-14-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

Dr. Bowman

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 46-B

Reg. Dist. No. 131

CERTIFICATE OF DEATH

03911

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town) WITHIN CORPORATE LIMITS OF
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 12 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick Co.
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 E 4th St (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Ida Celesta Biggs

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Denis A. Biggs

6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Aug 25 1854

8. AGE: Years 84 | Months 7 | Days 24 | If less than one day ——— hr. ——— min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Jacob Feisinger
13. Birthplace Frdk Co. Md.

MOTHER
14. Maiden Name Sophia Tiller
15. Birthplace Frederick Co. Md

16 (a) Informant Mrs. Maude Hoke
(b) Address Hagerstown Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr. 20 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Hope
Location Woodsboro Md

18 (a) Funeral director C. C. Olive & Son
(b) Address Frederick Md

19 (a) 20 April 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 18 1939, at 9.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1939, to April 18 1939, and that I last saw him alive on April 18 1939.

Immediate cause of death	Duration
Carcinoma of Stomach	
Due to	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Lawrence Fahrney M.D. M. D. or other
Address Frederick Md Date signed 4-18-39

RECEIVED
MAY 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03942

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Frederick Co. Md. Registration Dist. No. 131

Village or City Montevue No. County Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred X yrs. X mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Within Corporate Limits

2. FULL NAME Harry M C. Brightmer

If U. S. Veteran, specify WAR None

(a) Residence: No. Walkersville, Md St., Ward. Walkersville Md.

Frederick Co. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March-18-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	X	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Shoe maker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Emmitsburg (State or country) Frederick Co. Md.

FATHER

13. NAME Ellicot Brightmer

14. BIRTHPLACE (city or town) X (State or country) Pa

MOTHER

15. MAIDEN NAME Ella Little

16. BIRTHPLACE (city or town) X (State or country) Pa.

17. INFORMANT C W Gregory Clerk (Address) Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md Date 12-April, 1939

19. UNDERTAKER Frank H. Newell (Address) Pikesville Md

20. FILED 10-April, 1939 Dra J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 10th (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1939, to April 10, 1939

I last saw him alive on April 10, 1939; death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937?

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. D. Thomas M. D.

(Address) Frederick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

BUREAU ... MAY 5 1930 BUREAU ...

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

03913

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 123 W. Church St.,

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 64yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 123 W. Church St., (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME: Salome Johanne Brust

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widow

6 (b) Name of husband or ~~wife~~: George Brust

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 4, 1852

8. AGE: Years 86 | Months 11 | Days 22 | If less than one day _____ hr. _____ min.

9. Birthplace Buffalo, New York (Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER 12. Name Herman Bielefeld

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Frederica Piele

MOTHER 15. Birthplace Germany

16 (a) Informant John C. Brust

(b) Address 123 W. Church St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/28/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 27 Apr 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 26th 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1939, to April 26 1939, and that I last saw him alive on April 25 1939.

Immediate cause of death	Duration
Chronic Myocarditis	2
Due to Senility	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard W. Ash M.D. M. D. or other

Address Frederick, Md. Date signed 4/26/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 131

03914

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Montevue - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or town~~ Brunswick
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie Cooper

3 (b) If veteran, name war No

3 (c) Social Security No. No

4. Sex female

5. Color or race Colored

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~[illegible]~~ Henry Cooper

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25 1896

8. AGE: Years 42 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Jordan Coles
13. Birthplace Unknown

MOTHER
14. Maiden Name Martha Gentery
15. Birthplace Unknown

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital Fred. Md.

17 (a) Burial (b) Date thereof April 13, 1939
(Burial, cremation, or removal) (Month) (day) (year)

(c) Cemetery or ~~[illegible]~~ Amhurst Cem.
Location Amhurst Co. Va.

18 (a) Funeral director C. H. Feete & Bros. B. Lee Feete
(b) Address Brunswick Md.

19 (a) 10-April 1939 (b) Ira J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death April 9 1939, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1939, to April 9 1939, and that I last saw ~~him~~ her alive on April 9 1939.

Immediate cause of death Uremia — Duration 3/27/39

Due to Parenchymatous Nephritis — 1937

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Thomas
M. D. or other

Address Frederick, Md Date signed 4/9/39

VS. A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

03915

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 86 E. South Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Julia Craig

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~or wife~~ Edward Craig

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 4th 1861

8. AGE: Years 78 | Months 1 | Days 9 | If less than one day _____ hr. _____ min.

9. Birthplace Near Woodsboro Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Joseph Lidie
13. Birthplace Md

MOTHER
14. Maiden Name Julia Bitzenberger
15. Birthplace Md.

16 (a) Informant Clarlatte Shriver R.N.
(b) Address Emergency Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April-17-1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet Cem
Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick Maryland

19 (a) 15-Apr. 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 14 1939, at 6 45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1939, to April 14 1939, and that I last saw ~~him~~ her alive on April 14 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	2 weeks
Due to Arteriosclerosis	Year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas
M. D. or other
Address Frederick Md Date signed 4/15/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

(M) (T)

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 137

03916

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Libertytown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William T Davis

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25th 1842

8. AGE: Years 96 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business On Farm

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1st 1939 (month) (day) (year)

(c) Cemetery or crematory John Wesley Cem

Location Libertytown

18 (a) Funeral director Powell & Albaugh

(b) Address Libertytown

19 (a) Apr 29 1939 (Date rec'd by registrar) (b) N. D. Cierfrieders Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 29 1939, at 3 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 1939, to Apr 29 1939, and that I last saw him alive on Apr. 27 1939.

Immediate cause of death	Duration
Myocarditis	6 yrs
Due to Arthritis	
Due to	
Other conditions Chronic Arthritis	10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Otis B. Stone M.D. M. D. or other

Address Libertytown Date signed Apr 29

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(24)

Reg. Dist. No. 131

03917

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Montevue, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or town~~ Frederick Md. Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Route 2. Frederick Md (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Arthur William Diggs

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 19 1908

8. AGE: Years 30 | Months 11 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Arthur Diggs

13. Birthplace Frederick County Md

MOTHER

14. Maiden Name Daisy Mae Holland

15. Birthplace Frederick County Md.

16 (a) Informant Evangeline Rice R.N.

(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/30/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Hope Hill Cemetery

Location Nr. Buckeystown, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 4-29-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 28 1939, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1939, to April 28 1939, and that I last saw him alive on April 28 1939

Immediate cause of death: Meningitis hemorrhage in

Due to Spinal Cord found

Due to by spinal tap

Other conditions Tuberculous meningitis. Duration three days. C.W.G.R. (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: April 27

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Thomas M. D. or other

Address Frederick Md Date signed 4/28/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (932) Reg. Dist. No. 138

CERTIFICATE OF DEATH

03918

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town R. F. D. #1, Frederick, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Near Pearl, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 45 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town R. F. D. #1, Frederick, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Near Pearl, Maryland
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Howard Esworthy

3 (b) If veteran, name war: None

3 (c) Social Security No. 217-10-9326

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1894

8. AGE: Years 45 | Months 1 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Plumber

11. Industry or business N. J. Wilson & Son

FATHER
12. Name Amos Esworthy
13. Birthplace Frederick County, Maryland

MOTHER
14. Maiden Name Malinda L. O'Hara
15. Birthplace Frederick County, Maryland

16 (a) Informant Miss Margaret E. Esworthy
(b) Address R.F.D. #1, Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) April 12-39 (Date rec'd by registrar) (b) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. Date of death April 10th, 1939 at 8:20P M

21. I certify that death occurred on the date above stated; that I attended deceased from November 1938, to April 10 1939, and that I last saw him alive on April 10 1939.

Immediate cause of death	Duration
Myocardial Failure	
Due to Chronic Myocarditis	
Due to Chronic Bronchitis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard W. Clark M.D.
M. D. or other
Address Frederick, Md. Date signed 4/11/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 3 1930
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03919

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Frederick (10?) Registration Dist. No. 153

Village or City Walkersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexia A Etzler

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Etzler

6. DATE OF BIRTH (month, day, and year) Sept 19th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939 Mar

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Martin Nicodemus

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucinda Carter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) John H Etzler Walkersville Md

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Mt Union Chapel Date April 17th 39

19. UNDERTAKER (Address) Powell & Albaugh Libertytown Md

20. FILED Apr 17, 1939 R. Ward Stauffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1939, to Apr 14, 1939

I last saw h- alive on Apr 14, 1939; death is said to have occurred on the date stated above, at 11:45 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	Apr 9, 39

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C E Easterday M. D.

(Address) Walkersville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 2 1928 BUREAU V. S.

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

03920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos. 3days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Big Pool (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Naomi E. Farmer

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John R. Farmer

6. (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1911

8. AGE: Years 27 | Months 7 | Days 5 | If less than one day ____hr. ____min.

9. Birthplace Big Pool, Washington Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Louis E. Mills

13. Birthplace Millstone, Wash.Co., Md.

MOTHER

14. Maiden Name Fannie I. Forsyth

15. Birthplace Big Pool, Wash. Co., Md.

16 (a) Informant Naomi E. Farmer

(b) Address Big Pool, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)

(c) Cemetery or crematory

Location Big Pool, Md.

18 (a) Funeral director Snyder & Roland

(b) Address Clear Spring, Md.

19 (a) 4/20/39 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death April 20 1939, at 3:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1939, to Ap. 20 1939, and that I last saw him alive on Ap. 20 1939.

	Duration
Immediate cause of death Pulmonary tuberculosis	4 mos.
Due to Tubercle bacilli	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. (M.D. or other)

Address State Sanatorium md. Date signed 4/20/39

RECEIVED
MAY 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-6) Reg. Dist. No. 14 5

CERTIFICATE OF DEATH

03921

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Myersville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 6yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Myersville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Luther Calvin Flook

3 (b) If veteran, name war

3 (c) Social Security No. 214-01-1770

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife (deceased) Mary M Summers

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1872

8. AGE: Years 66 | Months 7 | Days 7 | If less than one day ____hr. ____min.

9. Birthplace Bolivar Fred co. Md (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Retail grocery

FATHER 12. Name John P Flook

FATHER 13. Birthplace Bolivar Fredc Md

MOTHER 14. Maiden Name Sarah Ann Rebecca Derr

MOTHER 15. Birthplace Fred co. Md

16 (a) Informant Mrs John Mc Kee

(b) Address Myersville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 12, 1939 (month) (day) (year)

(c) Cemetery or crematory St. Paul's Lutheran

Location Myersville, Md.

18 (a) Funeral director Theo Burkle & Son

(b) Address Myersville, Md

19 (a) Apr. 10. 1939 (Date rec'd by registrar) (b) William D. Wachtel Registrar

MEDICAL CERTIFICATION

20. Date of death April 10 1939, at 12.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1937, to April 9 1939, and that I last saw him alive on April 9 1939.

	Duration
Immediate cause of death Pulmonary Edema	4/8/39
Due to Hypertensive Cardiovascular disease	1938
Due to Malignant Hypertension	1936
Other conditions Stroke	1937

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H Todd, M. D. (M. D. or other)
Address Middletown Md. Date signed 4/10/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (Md) Reg. Dist. No. 131

CERTIFICATE OF DEATH

03922

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick (WITHIN CORPORATE LIMITS)

(b) City or ~~town~~ Frederick

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days) _____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Penna (b) County _____

(c) City or ~~town~~ Philadelphia Pa

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2923 Fletcher

(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Floyd, Mr. Samuel Thomas

3 (b) If veteran, name war: None

3 (c) Social Security No. 159-01-7390

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Florence J. Floyd

6. (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Feb 26-1907

8. AGE: Years	Months	Days	If less than one day
32	1	10	_____ hr. _____ min.

9. Birthplace Phila Pa.

(Town, county, and state)

10. Usual occupation Structural Iron Worker

11. Industry or business Building

FATHER

12. Name Oliver Fletcher Floyd

13. Birthplace Phila Pa

MOTHER

14. Maiden Name Catharine Dawes

15. Birthplace Phila. Penna

16 (a) Informant Mrs. Samuel T. Floyd

(b) Address Phila Penna

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4 8 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Moriah

Location Phila Penna

18 (a) Funeral director C. E. Chrestenson

(b) Address Frederick Maryland

19 (a) 6-April 1939 (Date rec'd by registrar) (b) Chas J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 5 1939, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 5 1939, to Apr 5 1939, and that I last saw him alive on Apr 5 1939.

Immediate cause of death	Duration
Fracture Skull	8 hrs
Due to Fall	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Apr 5 - 39

(c) Where did injury occur? Union Bridge (City or town) Md (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? Yes

(Specify type of place)

(e) Means of injury Fell on Head

23. Signature E. P. Thomas M. D. or other

Address Frederick Md Date signed Apr 5-39

RECEIVED
APR 13 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48)

Reg. Dist. No. 131

03923

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos.

(e) Length of stay in this community (yrs., mos., or days) 2½ mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City~~ or town Walkersville (If outside city or town limits, write RURAL and give town)

(d) Street No. Fulton Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME: Clara Elizabeth Fulton

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband ~~or wife~~: Newton Fulton

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1871

8. AGE: Years 67 | Months 3 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Walkersville, Fred'k. Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name John J. Liggett

13. Birthplace Walkersville, Maryland

MOTHER

14. Maiden Name Julia Amanda Harris

15. Birthplace Walkersville, Maryland

16 (a) Informant Mr. Newton Fulton

(b) Address Walkersville, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Apr. 8, 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 8-April-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 6 1939 at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1939, to Apr 6 1939, and that I last saw ~~him~~ her alive on Apr 6 1939.

Immediate cause of death: Sarcoma of Pelvis — Duration: 6 mo.

Due to Urethral Metastasis

Due to Primary sarcoma of uterus. cwg R. metastasis to the Vilium

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury

23. Signature E P Thomas M. D. or other

Address Frederick Md Date signed Apr 6-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) Reg. Dist. No. 131

CERTIFICATE OF DEATH

03924

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Bartonsville Md Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 3 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Rural Bartonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgietta Guariglia

3 (b) If veteran, name war
3 (c) Social Security No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 7 / 39

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Bartonsville Md.
(Town, county, and state)

10. Usual occupation
11. Industry or business

FATHER 12. Name Rocco Guariglia
FATHER 13. Birthplace Italy

MOTHER 14. Maiden Name Lilly McDonald
MOTHER 15. Birthplace Roanoke Va.

16 (a) Informant Rocco Guariglia
(b) Address Bartonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (month) 11 (day) 1939 (year)
(c) Cemetery or crematory Frederick Memorial
Location Frederick Md

18 (a) Funeral director C. E. Elmer & Son
(b) Address Frederick Md.

19 (a) 11-April 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 10 1939 at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 7 1939 to Apr 10 1939, and that I last saw him alive on Apr 8 1939.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Thurlow M. D. or other
Address Frederick Md. Date signed 4/10/39

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (820) Reg. Dist. No. 131

CERTIFICATE OF DEATH

03925

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 115 Record St (Home for Aged)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in this community (yrs., mos., or days) 77 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 Record St
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Ella V. Hafer

3 (b) If veteran, name war: none

3 (c) Social Security No. None

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 13 1861

8. AGE: Years 77 | Months 5 | Days 3 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Fred'k Co. Md.
(Town, county, and state)

10. Usual occupation Operator

11. Industry or business Union Manufg Co.

FATHER
12. Name Samuel Hafer
13. Birthplace Unknown

MOTHER
14. Maiden Name Catherine Grove
15. Birthplace Frederick Md.

16 (a) Informant Mrs. Edgar MacBride
(b) Address 2 West 2nd St. Frederick

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick

18 (a) Funeral director Harry E. Early Co.
(b) Address Frederick

19 (a) 18-April 1939 (Date rec'd by registrar) (b) Ira J. McSurely Registrar

MEDICAL CERTIFICATION

20. Date of death April 16 1939, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1939, to date 19____, and that I last saw him alive on 10 A.M. 1939 April 16th

Immediate cause of death	Duration
Hemiplegia	Weeks
Due to Cerebral Hemorrhage	
Due to	
Other conditions Retention of Urine	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Wm Crawford Johnson MD (M. D. or other)
Address Frederick, Md Date signed 4/17/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

(22)

03926

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos. 3days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 904 S. Dean Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** John Hammelman

3 (b) If veteran, name war

3 (c) Social Security No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Hammelman

6. (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1886

8. **AGE:** Years 52 | Months 5 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Iron molder

11. Industry or business

FATHER

12. Name Charles Hammelman

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Margaret Behr

15. Birthplace Baltimore, Maryland

16 (a) Informant John Hammelman

(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)

(c) Cemetery or crematory Unknown

Location Baltimore, Md.

18 (a) Funeral director M. L. Creager

(b) Address Thurmont, Md.

19 (a) 4/31/39 (Date rec'd by Registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death April 30 19 39 at 9:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1939, to Ap. 30 19 39, and that I last saw him alive on Ap. 30 19 39.

Immediate cause of death	Duration
Pulmonary tuberculosis	4 mos.
Due to Tubercle bacilli	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart D. Shaffer M.D. M. D. or other

Address State Sanatorium md. Date signed 4/30/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8x2)

Reg. Dist. No. 131

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

03927

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
243 E. Second

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 40yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 243 E. Second
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Charlotte Ellen Virginia Hargett

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~: Single

6 (b) Name of husband or wife: ---

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 4-1855

8. AGE: Years 83 | Months 8 | Days 25 | If less than one day _____ hr. _____ min.

9. Birthplace Feagaville-Frederick-Md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Abram H. Hargett
13. Birthplace Frederick County

MOTHER
14. Maiden Name Catherine Stockman
15. Birthplace Frederick County

16 (a) Informant Miss Lottie Kimmell
(b) Address 243 E. Second St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5-3-39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mount Olivet
Location Frederick, Maryland

18 (a) Funeral director C.E.Cline and Son
(b) Address Frederick, Maryland

19 (a) 3-May 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 29 1939, at 11 - P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1939, to April 29 1939, and that I last saw him alive on April 29 1939.

	Duration
Immediate cause of death: Cerebral hemorrhage	April 25 5 days
Due to: Arteriosclerosis	1934
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underlins ths causs to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R O Thomas
M. D. or other

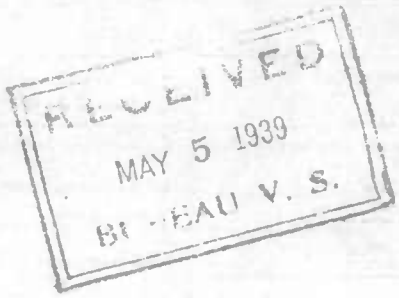
Address Frederick, Md Date signed 5/2/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Mr. B. O. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH

03928

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town (Rural) Lewistown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 mo. 2 da

2. HOME (USUAL RESIDENCE) OF DECEASED.
(a) State Md. (b) County Frederick
(c) City or town Rural Lewistown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** W- Elmer Harper

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 - 1838

8. **AGE:** Years 6 Months 2 Days If less than one day hr. min.

9. Birthplace Lewistown Frdk Co Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Elmer F. Harper

13. Birthplace Walkersville Md

MOTHER 14. Maiden Name Inez C Musser

15. Birthplace Frederick Md

16 (a) Informant Elmer F Harper

(b) Address Frederick Md R-3

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6-39 (month) (day) (year)

(c) Cemetery or crematory Utica

Location Utica

18 (a) Funeral director M. J. Keefauver Son

(b) Address Thurmont Md

19 (a) April 6, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death April 4 1939 at 12:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1939, to April 4 1939, and that I last saw him alive on April 3 1939.

	Duration
Immediate cause of death Influenza	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. D. Thomas M. D. or other

Address Frederick, Md Date signed 4/5/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1960
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03929

(8)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 140

Village or City near Woodsboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Carl Madison Harris If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 27, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Woodsboro (State or country) Md.

FATHER

13. NAME David Scott Harris

14. BIRTHPLACE (city or town) Page Co. Va. (State or country)

MOTHER

15. MAIDEN NAME Martha I. Jenkins

16. BIRTHPLACE (city or town) Page Co. Va. (State or country)

17. INFORMANT David Scott Harris (Address) Woodsboro, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Stanley, Va. Date Apr. 28, 1939

19. UNDERTAKER Powell & Albaugh (Address) Woodsboro, Md.

20. FILED Apr. 27, 1939 L. C. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from stillborn, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 6 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Stillborn	
Other **Contributory Causes** of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Ellsworth Day M. D.

(Address) Walkersville, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Sig. B.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03930

MARGIN RESERVED FOR BINDING — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK.

V. S. No. 1

1. PLACE OF DEATH (53-C)

County Frederick County — Registration Dist. No. 137

Village or City Near Johnsville Md — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Walter Heverner

(a) Residence: No. RR Union Bridge Md St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Grace Hughes Heverner

6. DATE OF BIRTH (month, day, and year): Apr 9 - 1876

7. AGE — Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____ — 11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Dysbin West Virginia

FATHER

13. NAME: David Heverner

14. BIRTHPLACE (city or town) (State or country): West Virginia

MOTHER

15. MAIDEN NAME: ____

16. BIRTHPLACE (city or town) (State or country): Anna Moore West Virginia

17. INFORMANT: Grace Heverner (Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL: Place Hughes W Va Date Apr 25 1939

19. UNDERTAKER: Raymond R Wright (Address) Union Bridge Md

20. FILED Apr 23 1939 W D Cushman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1938, to Apr 23 1939

I last saw h. im alive on 4/22/39; death is said to have occurred on the date stated above, at 2.30 p. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cancer of R. frontal lobe of brain	

Other **Contributory Causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J. N. Legg M. D.

(Address) Union Bridge, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitiol nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

03931

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 1mo. 14days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Prince George

(c) City or town: High Bridge (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Robert Stanley Hicks

3 (b) If veteran, name war: No

3 (c) Social Security No.: 579-09-6156

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna M. Hicks

6. (c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): Aug. 15, 1895

8. AGE: Years: 43 Months: 5 Days: 21 If less than one day: ____ hr. ____ min.

9. Birthplace: Arundel, Prince George Co, Md. (Town, county, and state)

10. Usual occupation: Electrician

11. Industry or business

FATHER

12. Name: Robert F. Hicks

13. Birthplace: Colesville, Md.

MOTHER

14. Maiden Name: Alice Offutt

15. Birthplace: Georgetown, D. C.

16 (a) Informant: Robert Stanley Hicks

(b) Address: High Bridge, Maryland

17 (a) Bowie, Md. (Burial, cremation, or removal) (b) Date thereof: Unknown (month) (day) (year)

(c) Cemetery or crematory: Unknown

Location: Bowie, Maryland

18 (a) Funeral director: M. Fladung & Son

(b) Address: Bowie, Md.

19 (a) 4/6/39 (Date rec'd by Registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: April 6 1939, at 2 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1939, to Ap. 6 1939, and that I last saw him alive on Ap. 5 19 39.

Immediate cause of death	Duration
Pulmonary tuberculosis	5 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: Acute appendicitis peritonitis (Include pregnancy within 3 months of death)	1 mo.

Major findings:

Of operations: Acute appendicitis + Peritonitis

Of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Stewart L. Shaffer M.D. (M. D. or other)

Address: State Sanatorium md. Date signed: 4/6/39

VS. A 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

03932

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (93)

County Frederick — Registration Dist. No. 134

Village or City Emmitsburg — No. Saint Joseph's College — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Higgins (Sister Beatrice) If U. S. Veteran, specify WAR

(a) Residence: No. Saint Joseph's College St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Sister of Charity

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sister of Charity

6. DATE OF BIRTH (month, day, and year) June 16, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 44 yrs.

12. BIRTHPLACE (city or town) (State or country) Troy, New York

FATHER

13. NAME Bernard C. Higgins

14. BIRTHPLACE (city or town) (State or country) Co. Cavern, Ireland

MOTHER

15. MAIDEN NAME Catherine Corcoran

16. BIRTHPLACE (city or town) (State or country) Troy, New York

17. INFORMANT Sister Gertrude

(Address) Emmitsburg Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Joseph's Emmitsburg Md Date 4/26/1939, 19

19. UNDERTAKER J. L. Allison

(Address) Emmitsburg Md.

20. FILED Apr 27 1939 W. F. Snuff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 25th, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1926, to 4/25, 1939

I last saw her alive on 4/17, 1939; death is said to have occurred on the date stated above, at 11:55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Chronic Myocarditis	1928

Other Contributory Causes of importance:

Chronic Arterial Sclerosis	1936

Name of operation Date of

What test confirmed diagnosis? Was there an au opsy?

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Morris A. Bealy M. D.

(Address) Thurmont Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (942)

Reg. Dist. No. 131

03933

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Athletic Park

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 40 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. Athletic Park (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Harry Lewis Hildebrand

3 (b) If veteran, name war: None

3 (c) Social Security No. 217-10-9310

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married, widowed, or~~ divorced. Divorced

6 (b) Name of ~~husband or~~ wife Viola Michael

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) December 10, 1883

8. AGE: Years 55 | Months 3 | Days 17 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick County Maryland (Town, county, and state)

10. Usual occupation Plumber

11. Industry or business N. J. Wilson & Son

FATHER

12. Name Samuel Thomas Hildebrand

13. Birthplace Frederick County Maryland

MOTHER

14. Maiden Name Matilda Shaffer

15. Birthplace Harrisburg, Penna.

16 (a) Informant Mr. Carl L. Hildebrand

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/10/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Rocky Springs Cem.

Location Nr. Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 8-April 1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 7th 1939 at ~~12~~ 2 (about) A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11th 1938, to Feb. 15 1939, and that I last saw him alive on Feb 15 1939.

Immediate cause of death: Coronary Thrombosis

Found dead - 4-7-39 - at 7 o'clock - death several hours previous

Coroners Inquest Judge Emory Bowles acting coroner

Other conditions: Arterio Sclerosis and Angina Pectoris (Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy "

Duration: Instantaneous

1 to 2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature U G Bourne M.D. (M. D. or other)

Address Frederick, Md. Date signed 4/7/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-C) Reg. Dist. No. 131

CERTIFICATE OF DEATH

03934

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 127½ W. All Saints St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 30

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~Town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 127½ W. All Saints St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Arthur Jackson

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: colored

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: widower

6 (b) Name of ~~husband~~ wife: Eleanore Keys

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): UNKNOWN

8. AGE: Years: 50 | Months: | Days: | If less than one day: ____hr. ____min.

9. Birthplace: Prince George's Co. (Town, county, and state)

10. Usual occupation: Domestic, Laborer

11. Industry or business:

FATHER
12. Name: Arthur Jackson
13. Birthplace: Poolesville, Md.

MOTHER
14. Maiden Name: Ellen Stanley
15. Birthplace: Poolesville, Md.

16 (a) Informant: Mrs. Wm. Rollins,
(b) Address: Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Fairview
Location: Frederick, Md.

18 (a) Funeral director: M. R. Etchison & Son
(b) Address: Frederick, Md.

19 (a) 14-Apr-39 (Date rec'd by registrar) (b) Ina J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 12th., 1939, at 7.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7-1939, to 4-12-1939 and that I last saw him alive on 4-10-1939.

Immediate cause of death	Duration
Cardiac Disease	
Due to	
Due to	
Other conditions Hypostatic Pneumonia	Not Certain

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Scott Sims M. D. or other
Address Frederick, Md. Date signed 13-4-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a) Reg. Dist. No. 131

CERTIFICATE OF DEATH

03935

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 635 Park Place
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 69

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 635 Park Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** James Alonza Jones

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ wife: Clara Crum Jones
6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) January 7, 1870

8. AGE: Years 69 | Months 3 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Frederick, Maryland
(Town, county, and state)
10. Usual occupation Policeman (retired)
11. Industry or business City Government

FATHER
12. Name William H. Jones
13. Birthplace Reading, Pennsylvania

MOTHER
14. Maiden Name Virginia A. Miller
15. Birthplace Middletown, Maryland

16 (a) Informant Mrs. James A. Jones
(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/13/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 12-apr '39 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 11 1939 at 1.9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 11 1939, to Apr 11 1939 and that I last saw him alive on Apr 6 1939.

Immediate cause of death	Duration
Angina Pectoris	
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature E P Thomas M. D. or other
Address Frederick Md Date signed Apr 12-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Dr. C. O. Hess

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

03936

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium, Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days): 6 days

(e) Length of stay in this community (yrs., mos., or days): 6 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: None

(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No.: 1604 E. Federal Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: James W. Kain

3 (b) If veteran, name war: No

3 (c) Social Security No.: 213-10-1399

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E. Kain

6. (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Unknown

8. **AGE:** Years: 53 | Months: | Days: | If less than one day: _____hr. _____min.

9. Birthplace: Berryville, West Virginia
(Town, county, and state)

10. Usual occupation: Motorman

11. Industry or business: Street railway

FATHER

12. Name: William Kain

13. Birthplace: West Virginia

MOTHER

14. Maiden Name: Lucy Fenton

15. Birthplace: Virginia

16 (a) Informant: James W. Kain

(b) Address: Baltimore, Md.

17 (a) Burial
(Burial, cremation, or removal)

(b) Date thereof: Ap. 20/39
(month) (day) (year)

(c) Cemetery or crematory: New Cathedral

Location: Baltimore, Md.

18 (a) Funeral director: M. L. Creager & Son.

(b) Address: Thurmont, Md.

19 (a) 4/16/39
(Date rec'd by registrar)

(b) _____
Registrar

MEDICAL CERTIFICATION

20. Date of death: April 16 19 39 at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Ap. 10 19 39, to Ap. 16 19 39, and that I last saw him alive on Ap. 16 19 39.

	Duration
Immediate cause of death: Pulmonary tuberculosis	3 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Stewart S. Shaffer
M. D. or other

Address: State Sanatorium Md. Date signed 4/16/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 21 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 131

CERTIFICATE OF DEATH

03937

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (WITHIN CORPORATE LIMITS) (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 116 Clarke Place

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 77 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 116 Clarke Place (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Lewis Elmer Keefer

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced.~~: Married

6 (b) Name of ~~husband or~~ wife: Quincy Mantz Keefer

6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June 7, 1861

8. AGE: Years 77 | Months 10 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual occupation Freight Agent (retired)

11. Industry or business B. & O. Railroad

FATHER 12. Name Lewis Keefer

FATHER 13. Birthplace Frederick, Maryland

MOTHER 14. Maiden Name Alverta Carlin

MOTHER 15. Birthplace Frederick, Maryland

16 (a) Informant Mrs. Elmer Keefer

16 (b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/27/39 (month) (day) (year)

17 (c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

18 (b) Address Frederick, Maryland

19 (a) 4-25-39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 4-24-39 1939, at 11:45AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1928, to 4-24 1939, and that I last saw him alive on 4-24 1939.

	Duration
Immediate cause of death Arteriosclerotic cardiovascular renal disease	2-4-28 to 4-24-39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. H. Conley M. D. or other

Address Frederick Md Date signed 4/25/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. H. RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 131

03938

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in this community (yrs., mos., or days) 50 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Montevue, County Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Lewis M. Knitz

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widower

6 (b) Name of ~~husband or~~ wife Lula Summers

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 19, 1859

8. AGE: Years 79 yrs. Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Own Farm

FATHER
12. Name Frederick Knitz
13. Birthplace Pa.

MOTHER
14. Maiden Name Margaret Hare
15. Birthplace Pa.

16 (a) Informant Miss Adelsberger Emergency
(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/28/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Lutheran Cemetery
Location Middletown Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick & Maryland

19 (a) 27 Apr '39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 26 1939 at 8 20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1939, to April 26 1939, and that I last saw him alive on April 26 1939.

Immediate cause of death	Duration
Chronic myocarditis	1935
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas M. D. or other
Address Frederick, Md Date signed 4/27/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (952)

Reg. Dist. No. 1 3 4

03939

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Fredrick
(b) City or town Emmitsburg, Md, Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., ~~mos., or days~~) 27

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: John Dennis Knott

3 (b) If veteran, name war: no

3 (c) Social Security No.: none

4. Sex: m

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sarah Yingling

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Dec 7, 1857

8. AGE: Years 81 | Months 4 | Days 13 | If less than one day ____hr. ____min.

9. Birthplace Fredrick Co, Md.
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name William Knott
13. Birthplace Fredrick Co, Md.

MOTHER
14. Maiden Name Catherine Mc Nulty
15. Birthplace Unknown

16 (a) Informant David A. Knott
(b) Address Emmitsburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1939 (month) (day) (year)
(c) Cemetery or crematory St Anthony
Location Mt Emmitsburg Md

18 (a) Funeral director M. L. Allison
(b) Address Emmitsburg, Md

19 (a) April 22/39 (Date rec'd by registrar) (b) W. F. Shuff Registrar

MEDICAL CERTIFICATION

20. Date of death April 20 1939, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 39 to Apl 20 39, and that I last saw him alive on April 26 19 39.

	Duration
Immediate cause of death: Cardiac decompensation	1 wk
Due to: Arterio sclerotic cardio vascular disease	several years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Cade M D
M. D. or other
Address Emmitsburg Md Date signed 4/21/39

RECEIVED
MAY 3 1960
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03940

(93-C)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 137

Village or City Near Ladiesburg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida May Kolb

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clayton Kolb

6. DATE OF BIRTH (month, day, and year): Jan 23rd 1862

7. AGE: Years 77 | Months 3 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Mar 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Francis C Renner

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): ~~Joanna~~ Martz Md

17. INFORMANT (Address): Goldie S Kolb Ladiesburg Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Rocky Ridge Date: April 30, 1939

19. UNDERTAKER (Address): Powell & Albaugh Libertytown Md

20. FILED: Apr 29, 1939 W. A. Cerfman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, that I attended deceased from April 10, 1939, to April 25, 1939

I last saw her alive on April 24, 1939; death is said to have occurred on the date stated above, at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Chronic Myocarditis

Date of onset

Other Contributory Causes of importance: Senal Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John H. Mosley M. D.

(Address) Johnsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
MAY 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2) Reg. Dist. No. 144

CERTIFICATE OF DEATH

03941

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont — Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 1 year

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Emmittsburg Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Minnie May Koontz

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William E. Koontz

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 11th 1868

8. AGE: Years 70 | Months 10 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Fairfield Adams Co. Pa.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housework

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Catherine Harding

15. Birthplace Penna

16 (a) Informant Waller C. Koontz

(b) Address Gettysburg RR 1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19. 39 (month) (day) (year)

(c) Cemetery or crematory Mountain View Apr 19 39

Location Emmittsburg Md.

18 (a) Funeral director Hillegas & Creager

(b) Address Thurmont Md.

19 (a) April 18-1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 16 1939, at 7.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 16 1939, to Apr. 16 1939, and that I last saw him alive on ____, 19____.

	Duration
Immediate cause of death Apparently	
Chronic Myocarditis	1 yr. (?)
Due to (Obscured by edema of legs after death.)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Howard D. Gray M. D. or other

Address Thurmont Md Date signed Apr 18-39.

Was called in to see patient and pronounce her dead - did not attend her while living H. K. G.

RECEIVED
MAY 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (47-B)

Reg. Dist. No. 131

03942

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 38 East Second St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 40 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 38 East Second St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Aubrey Granville Lindsay

3 (b) If veteran, name war: None

3 (c) Social Security No. 214-10-2255

4. Sex: Male

5. Color or race: white

6 (a) Single, ~~married, widowed,~~ or ~~divorced~~. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1877

8. AGE: Years 61 | Months 9 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County, Maryland (Town, county, and state)

10. Usual occupation Night Clerk (hotel)

11. Industry or business

FATHER

12. Name Hamilton Lindsay

13. Birthplace Unionville, Md.

MOTHER

14. Maiden Name Amelia Barnes

15. Birthplace Unionville, Maryland

16 (a) Informant Mrs. Charles B. Staley

(b) Address 38 East Second St. Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Linganore

Location Unionville, Md.

18 (a) Funeral director Harry E. Carty Co.

(b) Address Frederick, Md.

19 (a) Apr 7 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 6 1939 at 4 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1939, to Apr 6 1939, and that I last saw him alive on Apr 5 1939.

Immediate cause of death	Duration
Carcinoma of Lung	3
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E P Thomas M. D. or other

Address Bradshaw Date signed Apr 7-39

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (942)

Reg. Dist. No. 131

03943

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick City
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Fred. City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks

(e) Length of stay in this community (yrs., mos., or days) 12 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City or~~ town Dayesville, Mt. Walkersville Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3 miles east of Walkersville
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Caroline R. Martell

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex Female

5. Color or race white

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ married

6 (b) Name of husband ~~or wife~~ Louis P. Martell

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1867

8. AGE: Years 71 | Months 7 | Days 7 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co., Mt. Frederick
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Charles R. Burck
13. Birthplace Fred. Co. Md

MOTHER
14. Maiden Name Caroline Stickle
15. Birthplace Fred. Co. Md

16 (a) Informant Louis P. Martell
(b) Address Walkersville, R.F.D.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof April 4, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Johns Cemetery
Location Fred. City, Md

18 (a) Funeral director J. C. Barton
(b) Address Walkersville Md.

19 (a) 3-April 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 1 1939, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1939, to March 31 1939, and that I last saw ~~him~~ her alive on March 31 1939.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature C. E. Easterday
M. D. or other

Address Walkersville, Md Date signed 4/1/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03944

1. PLACE OF DEATH (82-a)

County Frederick Registration Dist. No. 132

Village or City Burkittsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen M. McGowan If U. S. Veteran, specify WAR No

(a) Residence: No. Burkittsville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles McGowan

6. DATE OF BIRTH (month, day, and year): July 22, 1867

7. AGE: 71 Years, Months: 9, Days: 8 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick County

FATHER

13. NAME: Lingan Haines

14. BIRTHPLACE (city or town) (State or country): Frederick County

MOTHER

15. MAIDEN NAME: Sophia Norris

16. BIRTHPLACE (city or town) (State or country): Frederick County

17. INFORMANT (Address): Clarence McGowan, Burkittsville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Locust Valley Cemetery Date: May 3, 1939

19. UNDERTAKER (Address): Gladfire Co, Middletown Md

20. FILED: May 3, 1939 D. Grayson Sanner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to April 27, 1939

I last saw her alive on Apr. 27, 1939; death is said to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	about 1937
Probable recurrent Hemorrhage	Apr 1939

Other Contributory Causes of importance:

Probable Ovarian Cyst.
Hypertension.

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Elmer Harp M. D.

(Address) Middletown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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MAY 8 1939
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 131

03945

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 110 Water St.,

(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]

(e) Length of stay in this community (yrs., mos., or days) 6 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 203 S. Monroe (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mrs. Nettie Louise McIntire

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: Female

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of husband ~~or wife~~: Charles McIntire

6. (c) If alive, give age 63? years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1877

8. AGE: Years 62 | Months 3 | Days 20 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Frederick, Maryland (Town, county, and state)

10. Usual occupation Housework At home

11. Industry or business

FATHER
12. Name John Haller
13. Birthplace Frederick, Maryland

MOTHER
14. Maiden Name Mary Lidie,
15. Birthplace Frederick, Maryland

16 (a) Informant Mrs. Daniel Pearl,
(b) Address 110 Water St., Fred., Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/24/39 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 22-April 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 21st., 1939, at 7.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1939, to April 21 1939, and that I last saw ~~him~~ her alive on 4/21/ 1939.

Immediate cause of death: Chronic Parenchymatous Nephritis

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration: Several years

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature U. G. Bourne M.D. (M. D. or other)

Address Frederick, Md. Date signed 4/21/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (B2a) Reg. Dist. No. 131

CERTIFICATE OF DEATH

03946

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED.
(a) State Maryland (b) County Frederick
(c) ~~City or~~ town Libertytown, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Charles Mercer

3 (b) If veteran, name war: none
3 (c) Social Security No.: none

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married,~~ widowed, or ~~divorced~~: Widowed
6 (b) Name of husband or wife: Unknown
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1860

8. AGE: Years 79 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Maryland (town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name William Mercer
13. Birthplace Va

MOTHER
14. Maiden Name Jemima Barthlow
15. Birthplace Frederick Co. Md

16 (a) Informant Miss Adelsberger, Emergency Hospital
(b) Address Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Zion
Location Mt. Pleasant Md

18 (a) Funeral director H. M. Sawyer
(b) Address Mt. Airy Md

19 (a) 18 April 1939 (Date rec'd by Registrar) (b) Chas J. McSunday Registrar

MEDICAL CERTIFICATION

20. Date of death April 17 1939, at 7 50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1939 to April 17 1939, and that I last saw him alive on April 17 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** B O Thomas M. D. or other
Address Frederick, Md Date signed 4/18/39

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (874a) Reg. Dist. No. 131

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

03947

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in this community (yrs., mos., or days) 8/2/11 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 E. Seventh St., (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Jackie Lamar Miller

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
none	none	male	white	single

6 (b) Name of husband or wife ____
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1931

8. AGE: Years	Months	Days	If less than one day
8	2	11	____ hr. ____ min.

9. Birthplace W. Chester, Penna. (Town, county, and state)
10. Usual occupation In School
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name Marie Long,
15. Birthplace Ladiesburg, Fred., Co., Md.

16 (a) Informant Mrs. Marie Stine,
(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/18/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Hope Cem.
Location Woodsboro, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Md.

19 (a) 17-April 1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 15, 1939, at 9.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1939, to April 15 1939, and that I last saw him alive on April 15 1939.

Immediate cause of death	Duration
Pneumococcus Meningitis	3 days
Due to Mastoiditis ear infection	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Lawrence Fahrney M.D (M. D. or other)
Address Frederick, Md. Date signed 4/15/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

If you make a certified copy of this certificate write out "Jackie" and "Miller" in ink as it is on the original certificate to show that it was added after the certificate had been typed. Instruction from Dr. Hedrich. 7/6/39

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (72a)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

03948

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in this community (yrs., mos., or days) 21 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City~~ or town Libertytown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna Beatrice Palmer

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ Married

6 (b) Name of husband ~~or wife~~ Oliver Bittle Palmer

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Feb. 17. 1876

8. AGE: Years 63 | Months 2 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Joseph Newman
13. Birthplace Md.

MOTHER 14. Maiden Name Margaret R. Everett
15. Birthplace Md.

16 (a) Informant Miss Adelsberger, Emergency Hospital
(b) Address Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 1939 (month) (day) (year)
(c) Cemetery or crematory Union Bridge
Location Union Bridge Md

18 (a) Funeral director Powell & Colbaugh
(b) Address Libertytown Md

19 (a) 4-27-39 (Date rec'd by registrar) Ira J. McCauley Registrar

MEDICAL CERTIFICATION

20. Date of death April 26 1939, at 8 05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1939, to April 26 1939, and that I last saw him alive on April 26 1939.

Immediate cause of death	Duration
Mitral regurgitation with auric. fibrillation	
Due to dilatation	2 weeks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. O. Thomas M. D. or other

Address Frederick, Md Date signed 4/24/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

03949

CERTIFICATE OF DEATH

(124B)

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick - Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo. 24 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or town~~ Frederick - Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Rosemont (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Harry Poole

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 2 - 1885

8. AGE: Years 53 | Months 4 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Restaurant Operator

FATHER

12. Name Ernest Poole

13. Birthplace Frederick Md.

MOTHER

14. Maiden Name Anna Topper

15. Birthplace Frederick Md.

16 (a) Informant Evangeline Rice R.N.

(b) Address Emergency Hospital Fred. Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4 (month) 6 (day) 1939 (year)

(c) Cemetery ~~or crematory~~ St. Johns

Location Frederick, Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md.

19 (a) 6 - April 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 4 1939, at 6 a. 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1938, to April 4 1939, and that I last saw him alive on April 4 1939.

Immediate cause of death: Cirrhosis of liver

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick Md Date signed 4/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03950

(95-6)

1. PLACE OF DEATH

County Frederick — Within Corporation Limits — Registration Dist. No. 131

~~Village~~ or City Frederick — No. 412 West South St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Ann Powell — If U.S. Veteran specify WAR none

(a) Residence: No. 412 West South St (Usual place of abode) Frederick City Md St., Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James Powell

6. DATE OF BIRTH (month, day, and year) Nov 16 1875

7. AGE Years 63 Months 4 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Keeping

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. "

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME John F. Smith

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Amanda Whorten

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Mrs. Mary R. Geiser, Frederick City Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Sharpsburg Md Date April 15, 1939

19. UNDERTAKER (Address) J. L. Eackles Bolivar, W. Va.

20. FILED 13 April, 1939 Ira J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939, to April 12, 1939

I last saw her alive on April 12, 1939; death is said to have occurred on the date stated above, at 4:10 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	April 9.

Other Contributory Causes of importance:

Acute Cardiac dilatation	April 7

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B O Thomas M. D.

(Address) Frederick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03951

V. S. No. I

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (94a)

County Frederick Registration Dist. No. 138

Village or City Buckeystown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Reaver

(a) Residence: No. R.D. Mt. Airy, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Viola A. Reaver

6. DATE OF BIRTH (month, day, and year) July 16, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Truck Driver

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. State Rd. Comm.

10. Date deceased last worked at this occupation (month and year) 4/1/39

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) Frederick Co (State or country) Md.

FATHER

13. NAME George F. Reaver

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Leanna Long.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Viola A. Reaver

(Address) R.D. Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Fay Cemetery, Cent. Date April 4, 1939

19. UNDERTAKER C. M. Waltz

(Address) Winfield, Md.

20. FILED Apr 3, 1939 Lucian K Falconer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 2, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1939 to Apl 2, 1939

I last saw h~~im~~er alive on Apl 2, 1939; deeth is said to have occurred on the date stated above, at 10:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	March 4 1934
Other Contributory Causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ernest P. Roop M. D.

(Address) New Market, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 3 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03952

1. PLACE OF DEATH (93-C)

County Frederick Registration Dist. No. 153

Village or City Near Walkersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Lurenia Reddick

(a) Residence: No. Nr. Walkersville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Orra R. Reddick

6. DATE OF BIRTH (month, day, and year) July 11, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nr. Uniontown (State or country) Carroll Co., Md

FATHER

13. NAME Wm. J. Valentine

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Md

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Rosa L. Reddick (Address) Walkersville

18. BURIAL, CREMATION, OR REMOVAL Place Union Chapel Cemetery Date April 5, 1939

19. UNDERTAKER S. C. Barton (Address) Walkersville Md

20. FILED Apr 4, 39 R. Ward Stauffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. 2d (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19th, 1939, to Mar. 2d, 1939

t last saw h[illegible] alive on Mar 30, 1939; death is said to have occurred on the date stated above, at 12.20p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	1934
Arteriosclerosis	1930
Other Contributory Causes of Importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Otis B. Stone M. D.

(Address) Libertytown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAY 2 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

03953

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick, Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in this community (yrs., mos., or days) 21 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 143 W. Patrick St (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** William Edgar Reynolds

3 (b) If veteran, name war: none

3 (c) Social Security No. 212-14-6190

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: _____

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 15 1870

8. **AGE:** Years 68 | Months 9 | Days 1 | If less than one day: _____ hr. _____ min.

9. Birthplace Frederick Md. (Town, county, and state)

10. Usual occupation Packer

11. Industry or business Of Fibre Brush Co.

FATHER
12. Name Don't Know
13. Birthplace

MOTHER
14. Maiden Name Alice Reynolds
15. Birthplace Frederick Co. Md

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 4/18/1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick

18 (a) Funeral director C. E. Coleman & Son
(b) Address Frederick Maryland

19 (a) 18-April 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 16 1939, at 7.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1939, to April 16 1939, and that I last saw him alive on April 16 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Hypertension	24 yrs?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

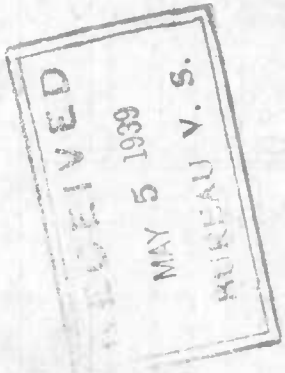
PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** B O Thomas (M. D. or other)
Address Frederick Md Date signed 4/17/39

Dr. B. O. Thomas

Dr. B. O. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 186

(212-g)

03954

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Flint Hill, Fred. R.D. # 1
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 15

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Flint Hill, Fred. R.D. # 1
(If outside city or town limits, write RURAL and give town)

(d) Street No. Between Urbana & Buckeystown
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Laurence Edward Ricketts

3 (b) If veteran, name war: World War

3 (c) Social Security No.: None

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Bessie Harmon

6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1892

8. **AGE:** Years 46 | Months 2 | Days 9 | If less than one day _____ hr. _____ min.

9. Birthplace Near Adamstown, Fred., Md.
(Town, county, and state)

10. Usual occupation General Farming

11. Industry or business

FATHER
12. Name Edward G. Ricketts,
13. Birthplace Nr. Adamstown, Md.

MOTHER
14. Maiden Name Emma Kohlhoss
15. Birthplace Nr. Adamstown, Md.

16 (a) Informant Mrs. L. E. Ricketts,
(b) Address Frederick, Md. R. D. # 1.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/39 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet
Location Frederick, Maryland.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) April 7 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 5 1939, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19__, to _____ 19__, and that I last saw him ~~alive~~ dead on April 5 19 39.

Immediate cause of death: Crushed head and neck

Due to: Accidental traumatism by crushing

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 4/5/39

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Apr. 5, 1939

(c) Where did injury occur? Route 1 (City or town) Frederick Co., Md. (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Farm (Specify type of place) While at work? Yes

(e) Means of injury Heavy wagon wheel ran over head and neck.

23. Signature Sigmund R. Nowak M.D. (M. D. or other)

Address Adamstown, Md. Date signed 4/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 18 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-m) Reg. Dist. No. 147

03955

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Nr. Ridgesville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Rural - Mt Airy
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Goldie Gertrude Runkles

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Arthur Runkles

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct, 2 1896

8. AGE: Years 42 | Months 6 | Days | If less than one day ___ hr. ___ min.

9. Birthplace Frederick Co.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Nelson
13. Birthplace Frederick Co. Md

MOTHER
14. Maiden Name Mary Poole
15. Birthplace Frederick Co. Md

16 (a) Informant Arthur Runkles
(b) Address Mt Airy Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apri. 6 1939 (month) (day) (year)
(c) Cemetery or crematory Marvel Chapel
Location Plane No 4 Fred. Co.

18 (a) Funeral director H. M. Snyder
(b) Address Mt. Airy Md.

19 (a) April 4/39 (Date rec'd by registrar) (b) Archley R. Molesworth Local Registrar

MEDICAL CERTIFICATION

20. Date of death April 2 1939, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw him alive on ___ 19___.

Immediate cause of death Highway Accident | Duration
Due to Automobile
Striking Pedestrian
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/2/39
(c) Where did injury occur? Fredrick (City or town) Co (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Highway (Specify type of place) While at work? no
(e) Means of injury Automobile

23. Signature Archley R Molesworth M. D. or other Local Registrar
Address Mt Airy Md Date signed Apr 4/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 3 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

03956

92a

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 141

Village or City Brunswick — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 48 yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Albert C. Sanger — If U. S. Veteran, specify WAR none

(a) Residence: No. 5 West C St. St., ____ Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lulu Adam Selby

6. DATE OF BIRTH (month, day, and year) Mar 11, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	68	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia (State or country)

FATHER

13. NAME John F. Sanger

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Alice C. Wood

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Lulu Dolay (Sanger) (Address) Brunswick, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Knowille Cemtry Date April 27, 1939

19. UNDERTAKER C. H. Fahey & Bro. (Address) Brunswick, Md.

20. FILED April 25, 1939 Mrs. H. S. Hodgson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to March, 1938

I last saw him alive on Mar 2, 1938; death is said to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(a) Mitral Insufficiency	Unknown
(b) Uremia Nephritis	
Other Contributory Causes of importance:	
(c) Chronic Myocarditis	Unknown

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) W. Edgar Shaffer M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

03957

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 25days
(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Water Street (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** William H. Sparrow, Jr.

3 (b) If veteran, name war

3 (c) Social Security No. 219-03-1743

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth B. Sparrow

6. (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1877

8. AGE: Years 62 | Months 3 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Butcher

11. Industry or business lately PWA worker

FATHER
12. Name William H. Sparrow
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Charlotte M. Warthan
15. Birthplace Frederick, Md.

16 (a) Informant William H. Sparrow, Jr.
(b) Address Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1939 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director M. L. Creager
(b) Address Thurmont, Md.

19 (a) 4/28/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death April 28 1939, at 5:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 3 1939, to Ap. 28 1939, and that I last saw him alive on April 28 1939.

	Duration
Immediate cause of death Pulmonary tuberculosis	1 yr.
Due to Tubercle bacilli	
Due to	
Other conditions Empyema Due to: Colon bacillus (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy B. coli empyema & pulmonary tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stewart S. Shaffer M.D. (M.D. or other)
Address State Sanatorium md. Date signed 4/28/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 13/ 03958

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ near Frederick (Rural)
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
Frederick County Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo 4da
(e) Length of stay in this community (yrs., mos., or days) 82

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City or town~~ Shookstown, Md. Fred. R.D.5
(If outside city or town limits, write RURAL and give town)
(d) Street No. Frederick, Md. R. D. # 5 Rural
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Lauretta Victoria Staley

3 (b) If veteran, name war: none
3 (c) Social Security No.: none

4. Sex: female
5. Color or race: white
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: widow

6 (b) Name of husband or ~~wife~~: Edward M. Staley
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1856

8. AGE: Years 82 | Months 5 | Days 23 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Fred. Fred. Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Henry Angleberger.
13. Birthplace Fred. Co., Md.

MOTHER
14. Maiden Name Julia Ann Staley,
15. Birthplace Fred. Co., Md.

16 (a) Informant Mrs. Pearl V. Eader,
(b) Address Frederick, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 / 8 / 39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Rockey Springs
Location Nr. Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 8-April 1939 (Date rec'd by registrar) (b) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 6th, 1939 at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1939, to April 6 1939, and that I last saw him alive on April 2 1939.

Immediate cause of death	Duration
Chronic Myocarditis.	1937
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas M. D. or other
Address Frederick, Md. Date signed 4/7/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-C) Reg. Dist. No. 144

CERTIFICATE OF DEATH

03959

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont (rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Rural

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Thurmont (rural)
(If outside city or town limits, write RURAL and give town)

(d) Street No. near Thurmont
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Laura Theodosia Baker Staub

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James Nelson Staub

6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Mar. 3, 1905

8. **AGE:** Years 34 | Months 1 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER

12. Name Theodore H. Baker

13. Birthplace Unknown

MOTHER

14. Maiden Name Emma Bolden

15. Birthplace Unknown

16 (a) Informant James N. Staub

(b) Address Thurmont, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl. 28/39 (month) (day) (year)

(c) Cemetery or crematory ____

Location Lewistown, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) April 28-1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death April 25 19 39 at 2:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 38, to July 19 38, and that I last saw ~~him~~ her alive on July 20 19 38.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James N. Staub M. D.
M. D. or other

Address Thurmont Md. Date signed Jan. 28-39.

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MAY 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

03960

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town) WITHIN CORPORATE LIMITS
(c) Street address, hospital, or institution: 4 W. Third St.,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 86Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 W. Third St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Henry Rohr Steiner

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February 20, 1852

8. AGE: Years 86 | Months 1 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual occupation Retired Pharmacist

11. Industry or business Steiner Brothers

FATHER
12. Name Henry C. Steiner
13. Birthplace Frederick, Maryland

MOTHER
14. Maiden Name Ann Elizabeth Rohr
15. Birthplace Frederick, Maryland

16 (a) Informant Miss Margaret Steiner
(b) Address 4 W. 3rd St., Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/17/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 15-April-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 14th, 1939 at 4:30A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1938, to April 14 1939, and that I last saw him alive on April 13 1939.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas M. D. or other
Address Frederick, Md. Date signed 4/15/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a)

Reg. Dist. No. 131

03961

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo 6 days.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or~~ town Thurmont (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Mrs. Anna ~~Steiny~~ (Stine) STEINY

3 (b) If veteran, name war No

3 (c) Social Security No. No

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed.

6 (b) Name of husband ~~or wife~~ Antonia Stine ANTHONY STEINY (STINE)

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1875 April 3 - 1857 Town

8. AGE: Years 82 64 | Months 11 1 | Days 10 28 | If less than one day hr. min.

9. Birthplace Germany Lithuania (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Hotel & Hospital Service

FATHER

12. Name George Nicholes Joseph Jonikaitis

13. Birthplace Germany Lithuania

MOTHER

14. Maiden Name Unknown Anna Vailokaite

15. Birthplace Germany Lithuania

16 (a) Informant Charlotte Shriser Mrs. Chas. McLaughlin

(b) Address Emergency Hospital 340 Sand St. Brooklyn

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof April 4 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt Carmel

Location Thurmont Md.

18 (a) Funeral director Mt Orange Lam

(b) Address Thurmont Md

19 (a) 1-Apr 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death April 1 1939, at 4 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1938, to April 1 1939, and that I last saw ~~him~~ her alive on April 1 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	March 31
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. B. Thomas M. D. or other

Address Frederick, Md Date signed 4/1/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

All personal and statistical information originally given to the Hospital was erroneous according to statement of Mrs. C. E. McLoughlin, grand-niece of deceased and present informant. The latter has presented a new death certificate signed by Dr. Thomas, and corrections in accordance with the new certificate, permanently filed as authorization in this Bureau under date of May 17, 1939 under Dr. Thomas, have been entered hereon in compliance with the Registration Law. - L. May 17, 1939

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APR 24 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03962

CB

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 141

Village or City Brunswick — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Infant Stevens — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ (Usual place of abode) ____ St., ____ Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) April 23, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Brunswick - Md (State or country) Frederick

FATHER

13. NAME William Stevens

14. BIRTHPLACE (city or town) Lovettsville, Va (State or country)

MOTHER

15. MAIDEN NAME Ruth Faye

16. BIRTHPLACE (city or town) Lovettsville (State or country) Va

17. INFORMANT Wm Stevens (Address) Lovettsville - Va

18. BURIAL, CREMATION, OR REMOVAL Place Lovettsville Date April 25, 1939

19. UNDERTAKER Brown Bros (Address) Lovettsville, Va

20. FILED Apr 25, 1939 Mrs N. S. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1939, to April 25, 1939

I last saw h e alive on April 24, 1939; death is said to have occurred on the data stated above, at 6 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	Birth

Other **Contributory Causes** of Importance:

Extraction - Frank Resch

Delivery

Name of operation none Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Thomas Shorter M. D.

(Address) Brunswick Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (948)

Reg. Dist. No. 136

CERTIFICATE OF DEATH

03963

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural near Urbana
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Rural - Urbana
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Amanda Alice Stride

3 (b) If veteran, name war —
3 (c) Social Security No. NONE

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John N. G. Stride
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 - 1868

8. AGE: Years 70 Months 11 Days 4 If less than one day — hr. — min.

9. Birthplace Near Jefferson Md.
(Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business Home

FATHER
12. Name John Fred. Kimmel
13. Birthplace Germany

MOTHER
14. Maiden Name Agnes Kreigh
15. Birthplace Germany

16 (a) Informant Irving Stride
(b) Address Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 18 = 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Jefferson Md.
Location Frederick Co.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick Maryland

19 (a) Apr 18 (Date rec'd by registrar) (b) G. O. Hutchinson Registrar

MEDICAL CERTIFICATION

20. Date of death April 15 1939, at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1939, to April 15 1939, and that I last saw him alive on Found dead 19

Immediate cause of death	Duration
Coronary Thrombosis	1/2 hr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. L. Thomas M. D. or other
Address Frederick, Md Date signed 4/17/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 131

03964

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 111 West 3rd. St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 36yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 111 West Third St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Cornelius Elbert Sunday

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah J. Cairn

6. (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1859

8. **AGE:** Years 79 | Months 5 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County (Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER

12. Name Daniel Sunday

13. Birthplace Gettysburg, Pa.

MOTHER

14. Maiden Name Mary Catherine Fry

15. Birthplace Frederick, County, Md.

16 (a) Informant Jesse Sunday

(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof April 6, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md.

18 (a) Funeral director Harry E. Carty Co.

(b) Address Frederick, Md.

19 (a) 6-April-1939 (Date rec'd by registrar) (b) Ira J. McSundy Registrar

MEDICAL CERTIFICATION

20. Date of death April 4th 1939, at 1.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15th 1939, to April 4th 1939 and that I last saw him alive on April 2nd 1939

Immediate cause of death: Acute Dilatation of Aorta — Duration: 40 minutes

Due to Myocarditis — 10 years

Due to Arterio Sclerosis — 10 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Heyer M. D. or other

Address Frederick Date signed April 5th 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

03965

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town State Sanatorium
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in this community (yrs., mos., or days) 17 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Chesterfield Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Ivy Sweep

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Sweep

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Dec. 10, 1903

8. AGE: Years: 35 Months: 4 Days: 6 If less than one day: hr. min.

9. Birthplace: Trappe, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Edward Masson
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Maryland

16 (a) Informant: Ivy Sweep
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Ap. 19/39 (month) (day) (year)
(c) Cemetery or crematory: Oaklawn Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: M. L. Creager & Son
(b) Address: Thurmont, Md.

19 (a) 4/19/39 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death April 16 1939, at 10:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 29 1939, to Ap. 16 1939, and that I last saw him alive on Ap. 16 1939.

Immediate csuse of death: Pulmonary tuberculosis — Duration: 2½ mos.
Due to: Tubercle bacilli
Due to:
Other conditions: No
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Stewart S. Shaffer M.D.
M. D. or other
Address: State Sanatorium md. Date signed 4/16/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 21 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

03966

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7mo. 12days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1343 Hull Street (If rural give location)

(e) If foreign born, how long in U. S. A.? 47 years

3 (a) **FULL NAME** John Thomas

3 (b) If veteran, name war: No

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1, 1888

8. AGE: Years 51 | Months 1 | Days 17 | If less than one day ____hr. ____min.

9. Birthplace Wales, England (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Grain elevator

FATHER 12. Name Daniel Thomas

FATHER 13. Birthplace Wales, England

MOTHER 14. Maiden Name Sarah Jones

MOTHER 15. Birthplace Wales, England

16 (a) Informant John Thomas

16 (b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)

17 (c) Cemetery or crematory Cedar Hill

Location Baltimore, Maryland

18 (a) Funeral director John F. Denny

18 (b) Address Baltimore, Md.

19 (a) 4/18/39 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death April 18 1939, at 8:45 A M

21. I certify that death occurred on the date above atated; that I attended deceased from Sept. 6 1938, to Ap. 18 1939, and that I last saw him alive on Ap. 17 1939

Immediate cause of death	Duration
Pulmonary tuberculosis	9 mos.
Due to Tubercle bacilli	
Due to	
Other conditions Tuberculous laryngitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, induatrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart D. Shaffer M.D.

M. D. or other

Address State Sanatorium Date signed 4/18/39

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APR 24 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH

03967

1. PLACE OF DEATH

(a) County Fredk.

(b) City or town Near Rocky Ridge (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 mos 20 d

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Fredk

(c) City or town Rocky Ridge - (Rural) (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cassell Clayton Trohell

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Dec. 5 - 1938

8. AGE: Years | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Rocky Ridge Md (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER

12. Name Edgar C. Trohell

13. Birthplace Rocky Ridge Md

MOTHER

14. Maiden Name Laura A. Stonesyfer

15. Birthplace Taneytown

16 (a) Informant Edgar C. Trohell

(b) Address Rocky Ridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26-39 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Rocky Ridge

18 (a) Funeral director M. R. Creagh & Son

(b) Address Thurmont Md

19 (a) April 25-1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death April 25 1939 at 12:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18 1939, to Apr 24 1939, and that I last saw him alive on Apr 24 1939.

Immediate cause of death	Duration
Gangrenous Dermatitis	1 wk
Due to	
Due to	
Other conditions Chicken pox	10 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Roland R. Diller MD (M. D. or other)

Address Detour Md Date signed 4/25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (72a) Reg. Dist. No. 137

03968

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Libertytown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Libertytown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clinton Tucker

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Victoria Tucker

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18th 1868

8. AGE: Years 70 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Frederick Co Md
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name Solomon Tucker
13. Birthplace Md

MOTHER
14. Maiden Name Hannah Peach
15. Birthplace Md

16 (a) Informant Victoria Tucker
(b) Address Libertytown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3rd 1939 (month) (day) (year)
(c) Cemetery or crematory John Wesley A M E Cemetery
Location Libertytown

18 (a) Funeral director Powell + Albaugh
(b) Address Libertytown Md

19 (a) Apr 3 1939 (Date rec'd by registrar) (b) M D Curfiman Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 1st 1939, at 9.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 31 1939, to Mar 31 1939, and that I last saw him alive on Mar 31 1939.

Immediate cause of death Chronic Lymphatic Leukemia — Duration 18 mos

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Otis B. Stone M.D.
M. D. or other
Address Libertytown Date signed Apr 3rd

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-E)

Reg. Dist. No. 154

CERTIFICATE OF DEATH

03969

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Fredrick Co,

(b) City or town Emmitsburg, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., ~~mos., or days~~) 45

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Emmitsburg (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** John Rolen Wantz

3 (b) If veteran, name war: no

3 (c) Social Security No. none

4. Sex: m

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband or~~ wife Sallie Caldwell

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov 11, 1866

8. AGE: Years 72 | Months 4 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace Westminister, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business Carpenter

FATHER 12. Name Charles Wantz

13. Birthplace unknown

MOTHER 14. Maiden Name Amanda Feeser

15. Birthplace Fredrick Co, Md.

16 (a) Informant Sallie E Wantz

(b) Address Emmitsburg, Md.

17 (a) Emmitsburg, Md. (Burial, cremation, or removal) (b) Date thereof April 5, 1939 (month) (day) (year)

(c) Cemetery or crematory Mountain View

Location

18 (a) Funeral director S. L. Allison

(b) Address Emmitsburg, Md.

19 (a) April 4 1939 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. Date of death April 2, 1939 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938 to April 2 1939 and that I last saw him alive on April 2, 1939.

Immediate cause of death	Duration
Carcinoma of liver	6 mo
Due to Coronary artery disease	15 mo
Due to	
Other conditions Jaundice.	4 mo

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ira M. Henderson M. D. or other

Address Fairfield, Pa. Date signed April 3 1939

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MAY 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 131

03970

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

WITHIN CORPORATE LIMITS OF

(c) Street address, hospital, or institution: 234 East Second Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 74

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 234 East Second Street (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Anna Margaret Young

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1865

8. AGE: Years 74 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Fred'k. Co., Md. (Town, county, and state)

10. Usual occupation Musician (retired)

11. Industry or business

FATHER 12. Name Oliver F. Young

FATHER 13. Birthplace Frederick, Maryland

MOTHER 14. Maiden Name Harriett Grove

MOTHER 15. Birthplace Frederick County, Maryland

16 (a) Informant Miss Mary E. Young

(b) Address Frederick, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 8-Apr 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 7-Apr-1939, at 6.20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1934 to 7-Apr-1939, and that I last saw ~~him~~ alive on 2-Apr 1939.

Immediate cause of death	Duration
General Arterio Sclerosis	1934
Due to Atrophic Arthritis	1934
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jno. J. McSweeny M.D. M. D. or other

Address Frederick Md. Date signed 8-Apr 39

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-2) Reg. Dist. No. 134

CERTIFICATE OF DEATH

03971

1. PLACE OF DEATH:
(a) County Fredrick
(b) City or town Emmitsburg, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 64

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna K. Zimmerman

3 (b) If veteran, name war: no

3 (c) Social Security No.: none

4. Sex: fm

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: L. M. Zimmerman

6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Nov 24, 1874

8. AGE: Years 64 | Months 4 | Days 27 | If less than one day ____hr. ____min.

9. Birthplace: Fredrick Co, Md.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: L. R. Waesche
13. Birthplace: Fredrick Co, Md.

MOTHER
14. Maiden Name: Mollie M. M. Foreman
15. Birthplace: Fredrick Co, Md.

16 (a) Informant: L. M. Zimmerman
(b) Address: Emmitsburg, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof April 23. 1939 (month) (day) (year)
(c) Cemetery or crematory: Mountain View
Location: Emmitsburg Md

18 (a) Funeral director: S. L. Allison
(b) Address: Emmitsburg, md

19 (a) April 22 '39 (Date rec'd by registrar) (b) W. T. Shuff Registrar

MEDICAL CERTIFICATION

20. Date of death April 21 1939, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 38 to April 21 1939, and that I last saw h[illegible] alive on April 21 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 48 hrs

Due to: Arteriosclerotic Cardio Vascular disease — 3 years

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. L. Cade M D (M. D. or other)
Address: Emmitsburg, Md. Date signed 4/22/39

VS. A15

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